

MONTLAKE PTA
Expense Reimbursement Request
2015-2016

DATE: _____

REQUESTED BY: _____

CHECK PAYABLE TO: _____

CHARGE TO (Committee or fund): _____

AMOUNT (Original receipts attached): _____

DESCRIPTION OF REIMBURSEMENT:

DELIVER CHECK TO (Address or delivery instructions):

Original receipts must accompany reimbursement requests. Requests will be picked up once a week. Checks will be distributed within a week of pick up. If you have any questions please feel free to contact Karen Axtell or Nicole McAuliffe (treasurers) at treasurer@montlakepta.org.

Thanks very much.